

F A X C O V E R S H E E T**DATE:** March 14, 2001

TO: Susan Ford **PHONE:** 703-308-9045
U.S. Patent & Trademark Office **FAX:** 703-308-6306
Group Art Unit: 2100

FROM: Jim Riegel **PHONE:** 408-467-1900
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RE: Preliminary Amendment Transmittal
Application No. 09/153,781
Filed: 9/16/98

Number of pages including cover sheet: **2**

Message

PLEASE DELIVER DIRECTLY TO SUSAN FORD, ART UNIT 2100

Ms. Ford:

Here is the transmittal originally faxed with the preliminary amendment, authorizing the Deposit Account charge for the new claims.
Thanks.

--Jim Riegel

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Rosenberg et al.

Application No.: 09/153,781

Filed: September 16, 1998

For: Networked Applications Including Haptic
Feedback (as amended)

Attorney Docket No.: IMM1P053

Examiner: A. Romero

Group Art Unit: 2152

Date: March 5, 2001

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile
transmitted to the U.S. Patent and Trademark Office on March
5, 2001.

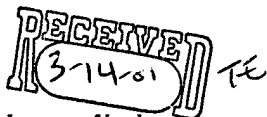
Signed: _____

James R. Riegel

OFFICIAL

Commissioner for Patents
Washington, DC 20231

Sir:



Transmitted herewith is a preliminary amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	<u>SMALL ENTITY</u> <u>RATE FEE</u>	OR	<u>LARGE ENTITY</u> <u>RATE FEE</u>
TOTAL CLAIMS	<u>98</u> -	<u>43</u>	<u>55</u>	X09 = \$	OR	X18 = \$990
INDEP CLAIMS	<u>09</u> -	<u>05</u>	<u>04</u>	X40 = \$	OR	X80 = \$320
			TOTAL	\$		\$1310.00

- ☐ Applicant(s) hereby petition for a _____ month(s) extension of time to respond to the
aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is
determined that such an extension is required, Applicant(s) hereby petition that such an
extension be granted and authorize the Commissioner to charge the required fees for an
Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0384.
- ☒ Please charge Deposit Account No. 02-3964 (Order No. IMM1P053) the amount of
\$1310.00 to cover the extra claim fee.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the
enclosed response, please charge such fees or credit any overpayment to Deposit Account
No. 02-3964 (Order No. IMM1P053). A copy of this sheet is enclosed.

Respectfully submitted,

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